



**Summer Youth Programs 2020**Registration Form – Completed K- Completed 5<sup>th</sup> Grade

Camp will be held beginning May 26 through August 7, excluding the week of July 4 (June 29 - July 3). Camp will be from 7:30 a.m. - 5:30 p.m. daily.

## PARTICIPANT INFORMATION: Please type or print legibly

Name of Camper: (First and Last name)		Preferred nickname: (if different)			
		_// Age: (at the time of camp)			
Current Grade: (Please circle one) K 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>					
Please Note: Child must have <b>completed</b> Kindergarten through 5 <sup>th</sup> Grade to participate. We do not accept Pre-K.					
What school does your child attend?					
Shirt Size: (Please circle one) YOUTH: XS SM M L OR ADULT: SM M L XL XXL					
Guardian/ Primary Contact:Relationship:					
Home Address:					
City:	State:	Zip Code:			
Home Phone:	Cell Pho	one: Work Phone:			
Email address you check frequently:					
Does your child have an IEP or 504 Plan? (Please circle one) YES NO					
<b>EMERGENCY CONTACTS:</b> (Please provide two additional contacts other than the parent/guardian listed above.)					
First Contact's Na	ıme:	Relationship:			
Home Phone:		Work/Cell Phone:			
Second Contact's	Name:	Relationship:			
Home Phone:		Work/Cell Phone:			





PERSONS AUTHORIZED TO PICK-UP CHILD	(Photo ID will be required)				
Name(s):	Relationship:Relationship:				
Name(s):					
Name(s):					
Name(s):					
PLEASE NOTE: Program Times are: 7:30am-5:30pm There will be a \$10 charge for late pick-up. (5:31pm or later)  HEALTH / ALLERGIES AND SAFETY INFORMATION:					
Due to the high instances of youth nut allergies, we ask the peanut butter or other nut butters in your child's daily lun SPARC participants.					
City of Gulf Shores staff will not dispense medications of trained in First Aid and will provide basic care in the case accident, injury or illness, I hereby authorize and grant per SPARC staff to secure appropriate treatment from medical	e an incident arises. In the event of an ermission to the City of Gulf Shores				
I, (please print name)associated whenever my child engages in outdoor activities. Shores or SPARC program staff responsible for any cost situation.	es, and I agree not to hold the City of Gulf				
Parent/ Guardian Signature:	Date:				





## **TECHNOLOGY RELEASE:**

The City of Gulf Shores uses photos and videos in print and media promotional materials. I hereby give permission for the City of Gulf Shores to use the name of my child and/or his/her photographic, video, or digital image for promotional, news, or public relations purposes in any manner and medium, including print and electronic mediums. (Please check one)

O Photo and Name	O Photo Only	O Neither Photo or Name
Parent/ Guardian Signature:	Da	ate:
BEHAVIORAL AGREEMEN	T:(Please read with your child)	
property at all times. Children are rebullying, or any form of negative be Should a SPARC participant use in a situation. Any consistent behavioraresult in a parent conference and management.	appropriate behavior, the parent will bal problem, lack of respect for others, pay lead to dismissal from the program uphold the character values of a SPA	blved in name calling, be informed of the property, or staff will be I, (participant name)
Signature of Participant:	Date: _	
Parent/ Guardian Signature:	Date:	
Does your child have a 504 or l	IEP plan? Circle One YES or	NO





# SPARC Summer Camp 2020 – General Waiver of Liability

Participant Name (please print)				
Parent/Guardian Name (please print)				
I, on behalf of myself and/or all the individual(s) being registered, agree to allow the registrant to participate in activities directly or indirectly operated, offered, conducted, and/or otherwise provided by the City of Gulf Shores (the "City") including, but not limited to, memberships, passes, admissions, classes, programs, special events and/or any other type of activity (hereinafter individually and collectively referred to as the "Activities"). I agree pictures taken of me and/or the registrant during the Activities may be used for any purpose. For and in consideration of my/our participation in the Activities, I hereby agree to release, acquit, hold harmless forever discharge and waive any and all claims that I/we may have against the City of Gulf Shores, its Council Members, officers, agents, representatives, employees, volunteers, instructors, members, heirs, legatees, administrators, executors and assigns, in whole or in part, in both their private and public capacities, (hereinafter collectively referred to as "Releasees") from any and all actions, causes of actions, claims, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in any way arising out of or connected in any manner with my/our participation in the Activities, including, but not limited to, liability, damages, injury (including death), property damage, legal fees and/or costs caused by or related to any negligent or intentional act of any Releasee. It is further agreed that the execution of this release and acceptance of the same shall not constitute a waiver by the City of Gulf Shores, Alabama, and its Releasees, of its/their governmental immunity and/or any other defense it may have at law and/or equity, whether state and/or federal. Acceptance of this release is not to be construed as an admission of any liability whatsoever by any or all of the Releasees. I further agree to indemnify and defend the Releasees if I am not authorized to sign and legally bind the re				
The registrant understands and agrees that:				
(1) He or she will investigate to his or her satisfaction the physic Activities, and is freely assuming all risks associated with participation				
(2) He or she will make an appropriate investigation regarding that no physical defect, disease, or disability that will make participate Participant(s) or to others.				
(3) He or she will immediately withdraw from participation in the physical defects, disease or disability that would make participation i undersigned or to other participants.				
(4) If a registrant is under the age of 15, legal guardian/parent/responsive minor at all times while using all fitness centers. Children using the fitness program and/or be left unsupervised anywhere within in Cultural Center.	under the age of 12 are not allowed to participate			
THE SIGNEE HAS READ, ACCEPTS AND UNDERSTANDS ALL O OR HER DIGITAL AND/OR WRITTEN SIGNATURE.	F THIS DOCUMENT AS EVIDENCED BY HIS			
Parent/Guardian Signature	Date			





#### **PAYMENT INFORMATION**

The cost for SPARC Summer Camp, per child, is \$1100 for the entire summer. For your convenience, we have included the weekly payment schedule below.

DUE DATE	PAYMENT
	AMOUNT
	AMOUNT
At registration	\$100
nt registration	Ψ100
June 1	\$125
June 1	Ψ123
June 8	\$125
June o	φ1 <b>2</b> 3
June 15	\$125
June 13	φ1 <b>2</b> 3
June 22	\$125
June 22	φ123
<b>June 29 – July 3</b>	Closed
	0 - 0 2 0 2
July 6	\$125
	Ψ===
July 13	\$125
July 10	ΨΙΞυ
July 20	\$125
July 20	ΨΙΞΟ
July 27	\$125
Guij 27	ΨΙΞΟ
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